

**DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEVELOPMENT CORPORATION LTD.**

**N-36, Bombay Life Building, Connaught Place, New Delhi-110001**

No.: DSIIDC/Insurance Backed Medical Scheme/VI/Estt. /798

Dated: 22.04.2025

**CIRCULAR**

Subject: - **Request for submission of life certificates by ex-employees**

This relates to the beneficiary details of the Insurance Backed Cashless medical scheme for the Ex-employees who have opted for this scheme. All the Ex-employees are requested to submit/dispatch life certificates to the Personnel Division, DSIIDC or email the duly filled and scanned copy of life certificate at **dsiidclifecertificate@gmail.com** positively by **23<sup>rd</sup> May 2025** (format enclosed).

Since the Cashless Medical Scheme is due for renewal on 29-07-2025 and is based on computerized operation, any error in beneficiary details would cause inconvenience to the employees and their dependent family members. Accordingly, it is in the interest of policy beneficiaries that they furnish accurate details in respect of self and dependents for the smooth processing and to avoid denial of cashless medical facility.

It may kindly be noted that the policy restricts mid-term inclusion of ex-employees and their dependents. Hence, it is reiterated that in case life certificate is not received by the stipulated date i.e. **23<sup>rd</sup> May 2025**, it will be presumed that the retired employee is not willing to be beneficiary of the cashless scheme.

For clarifications/queries etc., the Personnel Division, desk can be reached during office hours at:

Telephone No . : 011-23314231-Ext 162,163

Email : **dsiidclifecertificate@gmail.com**

*Meenu*  
22/4/25  
(Meenu Beniwall)  
Sr. Manager (P)

**(P/GAD) Copy to:**

- 1. All Notice Boards at HQ and site offices**
- 2. Website of DSIIDC**

Encl: Performa for life certificate

**LIFE CERTIFICATE TO BE SUBMITTED BY RETIREES  
(Opting for the Insurance Backed Cashless Medical Scheme)**

**Tel. No. 23314231-33Extn- 163,162**

**Email: dsiidclifecertificate@gmail.com**

**Dated:** \_\_\_\_\_

Certified that I have seen Mr./Mrs./Miss. \_\_\_\_\_

Son/ Daughter/Wife/Husband of \_\_\_\_\_

And he / she is alive on this date.

Ex. Employee file No.: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dependent Name and Date of Birth \_\_\_\_\_

\_\_\_\_\_

Latest Address: \_\_\_\_\_

\_\_\_\_\_

Latest Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature of Gazetted Officer/ DSIIDC Officer**

**Signature of Ex. Employee**

**Date :-**